



Description of implementations workpackage 2

vers. 5 – 2009-02-25

Health and Social Services

Trans National Project Manager:

Lena Perttu, lana.perttu@soc.lulea.se

participating partners:

Luleå Sweden,

Bodö Norway,

Naerverk Faroe Island

description of implementations

Strategy focus

Concrete general description of intended new functions and/or systems.

Expected outcome

That content, areas of responsibility, and or function has fully been determined, described and specified concerning the intended implementation for concerned parts of the organization. This step will largely be based on the final reports and conclusions of OLE.

Demography

- ✚ The official pension age in Sweden is 65
- ✚ The pension age can vary, you can pension earlier or you have the right to remain at work until 67 years of age
- ✚ The government is investigation changes of the pension age and how to make it possible for elder people to remain at work even after 67 years of age.

Age	Men	Female	Total
0-14	5 810	5 541	11 351
15-25	6 226	5 497	11 723
26-49	12 097	11 197	23 294
50-64	7 303	7 297	14 600
65-74	3 310	3 536	6 846
75-79	1 057	1 405	2 462
80-84	726	1 046	1 772
85-89	369	604	973
90-94	83	228	311
95-99	16	58	74
100-w	2	7	9
Total	36 999	36 416	73 415

Preliminary population, Luleå Kommun 2008-12-31

- ✚ In **Norway** the official pension age is 67 years
- ✚ For some professionals/groups in the health care services there is a legally pension age at 66
- ✚ Many choose to retire at 62, with special pension called AFP. (avtalefestet pensjon)
- ✚ In the latest years several different senior arrangement are established to secure that elderly employed stay longer in work. For instance one day off each week, one week longer holiday, shift arrangements, and so on
- ✚ We also have a large amount on falling out of work because of sickness or health problems related to working conditions. There is a great focus on this, and there are made a lot of arrangements to prevent illness and health damages caused by

work. Good Systems for Health, Safety and Environment (HSE/HMS) has a central role in this context.

Bodø 01.01.09		Male	Female
Age 0-5	3633	1872	1761
Age 6-15	6202	3179	3023
Age 16 -66	31645	16010	15635
Age 67 -79	3475	1632	1843
Age 80 - 89	1334	490	844
Age 90 +	206	44	162
Total	46495	23227	23268

- ✚ The official pension age in the **Faroe Islands** is 67 years.
- ✚ Some professions like teachers have an option for early retirement from the age of 60.
- ✚ The Home Office retirement policy for their own staff encourages reduction in work time up to retirement.

Faroe Islands (2008-01-01)	Total	Female	Male
Total	48.433	23.259	25.174
15 – 25	7.266	3.348	3.918
55 – 70	7.840	3.695	4.145
71 >	4.446	2.518	1.928

1. Implementation

The project will work with two themes, Home Visits and Safe Medicine.

Home Visits

To support the wish of the elderly to live independently as long as possible, all elderly over 80 will be visited periodically. The project will focus on

- ✓ Improvement or/and new ways regarding homevisits policy
- ✓ Closer cooperation between different levels in organization
- ✓ IT based system register (follow-up).

Safe Medicine

In order to secure maximum safety regarding medicine, the project will focus on

- ✓ Secure medication policy
- ✓ New ways of packaging, with f.ex. possible electronic dosage
- ✓ Improved delivery systems
- ✓ Improved or /and new cooperation between different levels of organization.

1.1. Intended implementation

Luleå, Sweden

The district nurse in the County Council make home visits among elderly if they are asked for or if someone note that it is necessary. Organized home visits have been made earlier when they got incentive measures from the government. In the municipality there is an ongoing project with organized home visits and they get incentive measures from the government for the visits.

Our work will focus on cooperation between the County Council and the municipality for making preventive home visits and risk assessment together.

IT-based system? The staff - district nurse in the County Council and staff with social education in the municipality will be concerned about the visits. Other job types may also be involved.

We will also focus on safe medication, maybe try new technology as an electronic “dosett”. We will work for that the staff in the home help care service are well informed about medical treatment, effects and side-effects. It is the district nurse who administers the medication in “dosett” and the staff from the home help care service that help the elderly to take the medication. It is the staffs from the home help care services that delivers medication/“apo-dos” home to the elderly.

Bodö, Norway

Our work with implementation is focused on the staff in the municipality as well as other groups concerned. The sub project Health and social services has many different focus issues. Our strongest focus will be to develop new methods for home visits, and work with the cooperation between the levels in the care chain. The organizational structure will depend of what issue we focus at. Staff will be concerned both in the hospital and the municipality.

- ✚ *Facilities* - could be in need for a new unit in short stay in the nursing home
- ✚ *Technical* - new ways of packing and distribute medication
- ✚ *Methods* - new ways to reach elderly in the risk zone. (Home visits)

Naerverkid, Faroe Islands

1.2. Stakeholders

Luleå, Sweden

- ✚ *Staff concerned* - the staff in the home help service will be better satisfied when their knowledge about medication increases. The district nurses workload may increase at the beginning both about the medication and the home visits. Staff from the social service in the municipality has to make the home visits
- ✚ *Politicians* – have to decide if the activity shall go on and use the results in the long term planning

- + *Pensioners* – better health when they get informed about preventive care and risk assessments are made in their home. Elderly in risk zone will be detected and get help earlier. The knowledge about medication will increase and how they can get in contact when they need help with different matters
- + *Target groups* – elderly over 80 years living in their own home. Elderly who needs help with medication. Staffs in the home help care service that helps the elderly with their medication
- + *Interest organizations* – pensioner organization
- + *Others that have interest in OLE 2* - the whole municipality and other municipalities in the region.

Bodö, Norway

- + *Staff concerned* – learn new methods, think big picture ,entirety
- + *Politicians* – use the results in long term planning
- + *Pensioners* – motivate and make interested for preventive health care on all levels
- + *Target groups* – Elderly >67 ? Elderly in the home care using medical treatment.
- + *Interest organizations and/or Unions* – pensioner organizations, voluntary organizations
- + *Others that have interest in OLE2*- The whole municipality, our region, and national authorities

Naerverkid, Faroe Islands

1.3. Providers, public or private

Luleå, Sweden

- + *Services* – the County Council have to provide staff and maybe technical aid for safe medication and both the municipality and County Council have to provide staff for making home visits
- + *Institutions* – less hospital visits caused by wrong medication handling
- + *School system* – in nursing educating teach about ageing and what it means, preventive care for health and about elderly and medical treatment.

Bodö, Norway

We think this is difficult to say at this time in the project.

- + *Institutions* - work with best practice to cooperate with the hospital. Take the best from the pilot in OLE 1
- + *School system* dialog – more focus on preventive health care – be focused on developing new system for safe medication (more up to date)

Naerverkid, Faroe Islands

2. Implementation in relation to current procedures

2.1. Changes

Luleå, Sweden

To reach the goals it is necessary to develop a system for cooperation between the County Council and the municipality about home visits. It is important with both medical and social competence when the visits are made for the entirety. For safe medication it is important with information/education to elderly, relatives and to the staffs in the home help care service about medical treatment. Try technical solutions about medication.

Bodö, Norway

They have discussed this and concluded that they don't have enough information to say anything reasonable about it now.

✚ *Staff* – more and new knowledge

✚ *Methods* - new methods are developed in a transnational perspective, what changes has to be done.

Naerverkid, Faroe Islands**2.2. Co-ordination****Luleå, Sweden**

The IT-system Meddix which the County Council and municipality uses for communication when people are hospitalized and for patient care planning may be something that can be used in other matters?

Naerverkid, Faroe Islands**3. Activity plan for workpackage 2**

Activities		Start date	End date	Budget
Intended implementation				
Background research	All	0810	On going	
Organizational frame				
Establish a project group	SE	0811	081231	
Kick-off for Swedish project groups	SE		090113	
Establish a national project group	NO	01.12.08	31.12.08	
Kick off all Norwegian groups	NO		29.01.09.	
Meeting with project group Health and Social services	SE	090122 090205 090220	090122 090205	
Area of responsibilities				
Create a transnational project plan	SE	0811	090131	
Questions to participating partners and one of the observation partners	SE	0811	081231	
Research about what's going on about safe medication	SE	0811	On going	
Research about home visits done in the	SE	0811	On going	

country and summaries about them				
Information to colleagues about the subproject	SE	090211 090224 090226	090211	